



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, PACIFIC TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

RECEIVED
DEC 27 10:43

STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
TAKAYAMA	LINDA	CHU	(808) 545-3060
MAILING ADDRESS (Street)			FAX
P. O. BOX 1196			(808) 545-1182
(City)	(State)	(Zip Code)	
HONOLULU	HAWAII	96807	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

PART II ORGANIZATION			
PFIZER, INC.			
MAILING ADDRESS (Street)			FAX
1201 K STREET, SUITE 1010			
(City)	(State)	(Zip Code)	
SACRAMENTO	CALIFORNIA	95814	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
VERA JANUSHKOWSKY			(916) 557-1177
MAILING ADDRESS (Street)			FAX
1201 K STREET, SUITE 1010			
(City)	(State)	(Zip Code)	
SACRAMENTO	CALIFORNIA	95814	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operations & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

(Signature of Lobbyist)

(Date)

PART V AUTHORIZATION TO LOBBY

NAME VERA JANUSHKOWSKY		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED DIRECTOR	
NAME OF ORGANIZATION (if applicable) PFIZER, INC.		TELEPHONE (916) 557-1177	
MAILING ADDRESS (Street) 1201 K STREET, SUITE 1010		FAX	
(City) SACRAMENTO	(State) CALIFORNIA	(Zip Code) 95814	
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>			
(Signature of Authorizing Officer or Person Represented)		(Date) 12/15/02	